

FILED SEP 26 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 31160

Registrar's No. 218

BIRTH NO. _____		REG. DIST. NO. 294		PRIMARY REG. DIST. NO. 4440	
1. PLACE OF DEATH a. COUNTY <u>Randolph</u>			2. USUAL RESIDENCE (Where deceased lived, if institution; residence before death) a. STATE <u>Missouri</u> b. COUNTY <u>Randolph</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Remick</u>			c. CITY (If outside corporate limits, write RURAL and give township) <u>Remick</u>		
c. LENGTH OF STAY (in this place) <u>30 years</u>			d. STREET ADDRESS (If rural, give location) <u>None</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>None</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>LUCY</u> b. (Middle) <u>MASON</u> c. (Last) <u>GARVEN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept-16-1951</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Nov.-26-1859</u>	9. AGE (in years last birthday) <u>91</u>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (State or foreign country) <u>Randolph Co. Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					
13a. FATHER'S NAME <u>Henry Rhodes Mason</u>		13b. MOTHER'S MAIDEN NAME <u>Martha Ann Tulaney</u>		14. NAME OF HUSBAND OR WIFE <u>William B. Garven</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or no, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME - ADDRESS <u>Mrs. Harshman Rector, Remick MO</u>	
18. CAUSE OF DEATH. Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypertensive Cardiovascular Disease with failure</u> DUE TO (b) <u>Auricular Fibrillation</u> DUE TO (c) <u>Coronary Sclerosis.</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION			19b. MAJOR FINDINGS OF OPERATION <u>4201</u>		
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>					
21a. ACCIDENT SUICIDE HOMICIDE NO (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>June 9 1951</u> , to <u>June 19 1951</u> , that I last saw the deceased alive on <u>Sept 1 1951</u> , and that death occurred at <u>3:45 P.m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>W. S. Fleming</u>		(Degree or title) <u>Medical Examiner</u>		23b. ADDRESS <u>Remick, Mo</u>	
23c. DATE SIGNED <u>Sept 18</u>					
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Sept-18-1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>New Hope Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>East of Remick MO</u>		24e. FUNERAL DIRECTOR'S SIGNATURE <u>Wm. Moberly</u>			
24f. ADDRESS <u>Wm. Moberly MO</u>					
DATE REC'D BY LOCAL REG. <u>9-18-51</u>		REGISTRAR'S SIGNATURE <u>Paul Sullivan</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Date Received: SEP 24 1961  
DISTRICT HEALTH OFFICE #2  
District File Number 9-571687  
Date Filed: SEP 24 1961

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

..... Student Embalmer No. ....  
working under my personal supervision.

Student .....  
Student Embalmer

Signed

*R. M. Cater*

Licensed Embalmer No.

*1117*

P. O. Address

*Moherly Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.